

**LOBBYING REGISTRATION FORM**  
To be used for initial registrations and renewals.

541  
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

**FOR OFFICE USE ONLY**

Postmark Date: 1-26-07

Ren 2007

1813748

\$110.

Wm

1062238

SCANNED

APR 04 2007

2007 JAN 26 AM 11:24

ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
RECEIVED

1. NAME Stone Joseph  
Last First

2. BUSINESSPHONE 225-383-5741  
Area Code and Phone Number

3. BUSINESS ADDRESS 4607 Chapeau Dr, Baton Rouge, LA 70714  
Street and No. City State Zip

MAILING ADDRESS 4607 Chapeau Dr, Baton Rouge, LA 70714  
Street and No. City State Zip

4. EMPLOYER Retired

5. EMPLOYER'S ADDRESS \_\_\_\_\_  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

HAND DELIVERED

# LOBBYING REGISTRATION FORM

541
Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY